

L.V. STABLER MEMORIAL HOSPITAL
GREENVILLE, AL 36037

Patient Name: JERNIGAN, KAYLA L
Ordering Physician: Abdelmagid
DOB: 03/20/1983
Exam Dt: 09/19/2005

Room #: EOP
Account #: 917415
Film #: 106166

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RADIOLOGY REPORT

MVA

CT OF THE BRAIN WITHOUT CONTRAST:

There is a large scalp defect over the left frontoparietal region. Underlying this in the left frontal region is a non-displaced linear skull fracture. There is also fracture through the posterolateral wall of the left orbit and zygoma. Recommend CT of the facial bones. There is fluid in the maxillary sinuses and some opacification of ethmoid sinuses. There is a lot of artifact intracranially but grossly no intracranial hemorrhage or mass seen.

IMPRESSION:

Intracranial detail is inadequate on this exam. Grossly, no intracranial hemorrhage or mass seen. There is left frontal skull fracture and fracture through the posterolateral wall of the left orbit. There is a large scalp defect over the left frontal region.

AP PELVIS:

Limited detail. Grossly, no fracture noted.

LATERAL CERVICAL SPINE:

C7 obscured. As visualized, no fracture or subluxation seen.

IMPRESSION: Limited exam. No fracture noted.

RIGHT ANKLE:

Comminuted calcaneal fracture. Grossly, no other abnormality on a very limited study.

LEFT KNEE:

Single AP view. There are two opaque densities seen along the lateral surface of the lateral femoral condyle. This may be foreign material or avulsions. I do not see a definite avulsion site. There appears to be some soft tissue injury.

IMPRESSION: Possible foreign material or avulsions laterally. I do not see a definite avulsion site. Suggest more complete x-ray exam of the knee.

RIGHT FINGERS:

Severely comminuted fractures distal end of the third proximal phalanx and most of the third middle phalanx. There may be near amputation here. Severely comminuted fracture fourth proximal phalanx. Severely comminuted fracture distal end fifth metacarpal. Also, fracture along the proximal portion of the third distal

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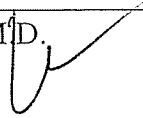
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phalanx. Grossly, no other fracture seen. Detail is limited. Questionable partial subluxation at the fifth DIP joint.

IMPRESSION: Multiple fractures as described. The exam is very limited with only one limited view available. More complete x-ray exam is suggested.

Stanley B. Winslow, M.D.



DD: 09/20/2005

DT: 09/20/2005

SW/pc

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